Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► **Do not enter Social Security numbers on this form as it may be made public.**

► **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Knights of Columbus #3231

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
PO Box 118

City or town, state or province, country, and ZIP or foreign postal code
Manasquan, NJ 08736

D Employer identification number
23-7142485

E Telephone number
732-245-3332

F Group Exemption Number ►

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ►

H Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► —

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c) (8) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☑ Other **Fraternal Lodge of a fraternal benefit society**

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 49,794

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	10,333
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	4,379
	4	Investment income			4	698
	5a	Gross amount from sale of assets other than inventory	5a	4,626		
	b	Less: cost or other basis and sales expenses	5b	95		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	4,531
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	0		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	29,758		
	c	Less: direct expenses from gaming and fundraising events	6c	5,647		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	24,111
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►			9	44,052
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	16,927
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	936
	16	Other expenses (describe in Schedule O)			16	17,880
	17	**Total expenses.** Add lines 10 through 16 ►			17	35,743
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	8,309
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	114,714
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	4,215
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►			21	127,238

RECEIVED
820 JUN 09 2014 IRS-OSC
OGDEN, UT

SCANNED JUN 23 2014

2-5

7

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	114,714	22	127,238
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	114,714	25	127,238
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	114,714	27	127,238

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? **see attached**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

			Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
28			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Scott Abercrombie **Financial Secretary**	20	0	0	0
Ralph Cabrera **Treasurer**	5	0	0	0
Jack D'Agostaro **Grand Knight**	10	0	0	0
Joe Kane **Trustee**	5	0	0	0
Giuseppe Garruzzo **Trustee**	5	0	0	0
James Coakley Jr **Trustee**	5	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		

41 List the states with which a copy of this return is filed ▶ New Jersey

42a The organization's books are in care of ▶ Ralph Cabrera Telephone no. ▶ 732 528 4569

Located at ▶ 41N Tamarack Dr Brielle, NJ ZIP + 4 ▶ 08730

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 ▶ ______

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶ ______

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ [signature] Signature of officer | Date 5-10-2014

▶ Scott Abercrombie Financial Secretary
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Schedule O - Line 6

Name of Event Description of Event. Occasion and Frequency for Top 3 Events	Golf Outing	BabyBottle Boomerang	Handicapped Citizens Drive
Gross Receipts	$ 22,790 00	$ 7,393 56	$ 4,271 62
Less Contributions in Line 1	$ (5,562 00)	$ -	$ (4,271 62)
Gross Income from Gaming in Line 6a	$ -	$ -	$ -
Gross Income From Fundraising in Line 6b	$ 17,228 00	$ 7,393 56	$ -
Less Direct Expense in Line 6c	$ (740 00)	$ (315 57)	$ (57 50)
Net Income or Loss in Line 6d	$ 16,488 00	$ 7,077 99	$ (57 50)

Name and Address	Schedule O - Line 10		Amount	Association
New Jersey State Chapter Knights of Columbus Attn Persons w Intellectual Disabilities Program 12 College Ave Eatontown, NJ 07724	Charitable Cash Donation	$	4,271 62	Knights of Columbus
St Denis RC Church 90 Union Ave Manasquan, NJ 08736	Charitable Cash Donation	$	1,000 00	none
St Denis School 119 Virginia Ave Manasquan, NJ 08736	Charitable Cash Donation	$	3,500 00	none
St Rose High School 607 7th Ave Belmar, NJ 07719	Educational Cash Donation	$	1,500 00	none
Charity Madonna House State Highway 35 & 1401 Seventh Ave Neptune, NJ 07753	Charitable Cash Donation	$	1,000 00	none
VA NJ Health Care System Lyons Campus Attn Voluntary Services 151 Knoll Road Lyons, NJ 07939	Charitable Cash Donation	$	1,000 00	none
St Denis Doves Youth Group St Denis RC Church 90 Union Ave Manasquan, NJ 08736	Charitable Cash Donation	$	2,000 00	none
St Marks RC Church 215 Crescent Parkway Sea Girt, NJ 08750	Charitable Cash Donation	$	500 00	none
Holy Innocents Society St Marks RC Church 215 Crescent Parkway Sea Girt, NJ 08750	Charitable Cash Donation	$	1,655 54	none
Rev John Petilla 5400 Roland Ave Baltimore, MD 21210	Charitable Cash Donation	$	500 00	none
TOTAL		$	16,927 16	

SCHEDULE O - Line 20

		12/31/2012		12/31/2013
Cash, Savings and Investments	$	114,714	$	127,238
TOTAL ASSETS	$	114,714	$	127,238
TOTAL LIABILITIES		0		0
Net Change in Fund Balance Reinvestment of Capital Gains				
CHANGE - Line 20			$	4,215

Schedule O: Part III 990 EZ
Statement of Purpose

The Knights of Columbus is a fraternal benefit society, recognized by the IRS as a tax-exempt organization under Section 501(c) (8) of the internal Revenue Code (IRC) In addition, pursuant to a group exemption, the IRS recognizes all subordinate councils (including Knights of Columbus #3231) in the United States as "fraternal lodge(s) "

This Council dedicates itself to help catholic men and their famlilities, Catholic charities, people in need and the greater community in times of need and to perform and fund other charitable works

Schedule O - Line 6 shows the three top special events held by this council and Schedule O - Line 10 shows the grants and similar amounts made by this council in the tax year

Explanation for Filing Late

Dear Sir. To my distress, I realized that even though I completed the 990ez timely and thought I mailed the return prior to the May 15th due date, but I have no record of such Since I was out of the country for the last two weeks in May, I couldn't correct my error of my creation until now I apologize for my absent mindedness and my failure Here is the return

Sincerely, Scott Abercrombie